



Occupational Health Surveillance

Update

Christine Todd Whitman
Governor

Len Fishman
Commissioner

January 1998

Division of Environmental and Occupational Health

Mercury Persists as a Public Health Hazard

Mercury, a neurotoxin, has been known to cause disease among mercury miners as far back as the Roman Empire. Second to mining of mercury as a source of mercurialism was the hatter's trade where mercury nitrate was used in the process of felting. Some of the earliest American studies of mercury poisoning were concerning New Jersey's hatters. Modern industries which use mercury include manufacturing of thermometers, fluorescent bulbs, electrical switches,

calibration of scientific glassware, and medical equipment.

Surveillance Reporting System

New Jersey is among six states that require clinical laboratories to report elevated levels of mercury in blood (2.8 µg/dL) and urine (20 µg/L) to the state health department as a way of monitoring occupational and

Continued on page 6



See page 11 for details . . .

Occupational Latex Asthma

Occupational latex allergy, which includes allergic dermatitis and asthma, has become a significant new problem for health care workers. Symptoms of occupational latex allergy range from mild skin rashes, sneezing and running

nose, to more serious reactions such as chest tightness, wheezing, and shortness of breath. More critical cases have involved anaphylaxis, or severe constriction of the airways, and in rare cases resulted in death.

use latex gloves every day. In addition, housekeeping staff in health care facilities have developed latex hypersensitivity, as have factory workers making rubber products.

To date, New Jersey physicians have reported eight cases of latex asthma to the Department's Sentinel Event Notification System for Occupational Risks (SENSOR) occupational asthma surveillance system. This surveillance system has been funded under a cooperative agreement with the National Institute for Occupational Safety and Health (NIOSH).

It is estimated that over 100,000 health care workers suffer from this debilitating condition. Many experts feel that its rise in recent years is largely due to the increased use of latex gloves with the implementation of universal precautions which were recommended by CDC in the 1980's to prevent the transmission of AIDS and other diseases. Recent surveys have found some type of allergic reaction in 8-12% of health care workers who

Continued on page 8

Inside . . .

Homicide in the Workplace 2

Lead Hazards in Building
Renovations 4

Homicide in the Workplace

Workplace violence has emerged nationally as a critical safety and health hazard. According to the federal Bureau of Labor Statistics, homicide was the second leading cause of death in the past two years nationwide, accounting for 16% of the 6,210 fatal work injuries in 1995 and 15% of the 6,112 in 1996. Violence inflicted on employees comes from many sources including robbers, muggers, clients, co-workers, and even family members. National data show that more than 75% of work-related homicides were perpetrated by strangers during robberies. Employees of retail establishments are at particular risk for workplace violence.

New Jersey Data

In New Jersey, 277 workers were murdered on the job between 1983 and 1996. This represents 16% of the 1,743 occupational fatal injuries during this time period. The number of work-related homicides ranged from 11 in 1987 to 31 in 1991.

Although we have little information about the perpetrators of these crimes, more is known about their victims. The majority of the homicide victims were male (83%), of the white race (61%), and residents of New Jersey (93%). Their ages ranged from 16 to 79 years old, including three workers each under the age of 20 and over age 75. The murders occurred mostly between 6 p.m. and midnight. Notably, 36% of the murder victims were foreign-born who worked primarily in gas stations, grocery stores, and eating places.

Prevention strategies discussed in a variety of recent publications are often simple and of relatively low cost.

Almost one half of the 277 murdered workers was employed in the retail trade industry including 31 (11%) gas station employees.

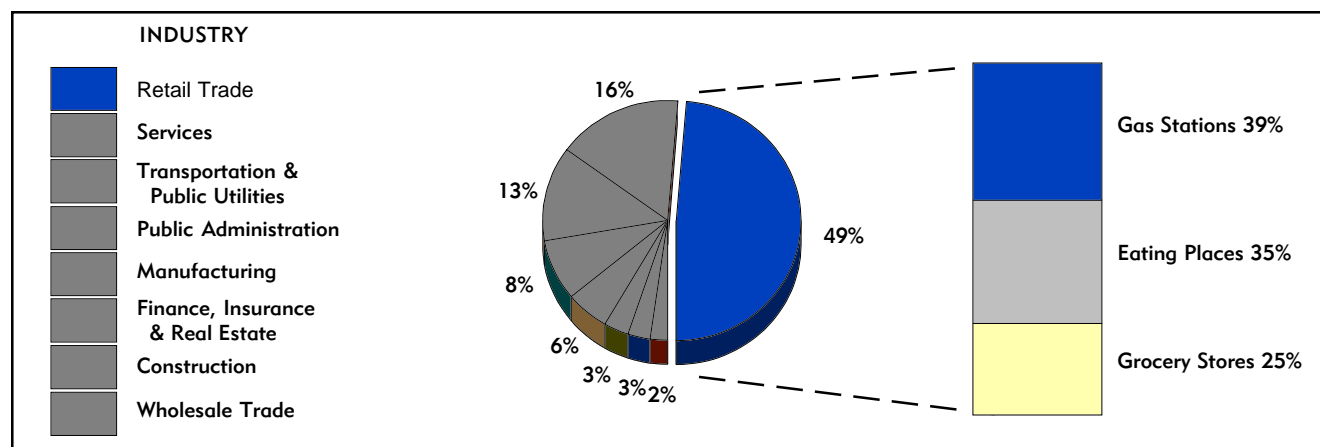
Twenty-eight percent worked in eating places and 21% in grocery stores. Twenty-one taxicab drivers were homicide victims as were 17 police officers.

Of the 277 work-related homicides, 175 (63%) occurred in buildings frequently accessed by the general public. These buildings included retail stores, restaurants, gas stations, and other similar places.

Information on methods of homicide shows that workers died by gunshot in 190 (69%) of the 277 incidents. Handguns were used in at least 37 (13%) of these shootings. Stabbing was the cause of death in 45 (16%) of the 277 incidents.

At least 103 (37%) of the murders occurred during robberies. It is likely that many more homicides involved robberies, especially in gas stations and other retail establishments. Efforts have been made in recent years to collect more comprehensive data on workplace homicides.

Work-Related Homicides by Industry
New Jersey, 1983 - 1996 (N=277)



Of the 277 work-related homicides, 175 (63%) occurred in buildings frequently accessed by the general public. These buildings included retail stores, restaurants, gas stations, and other similar places.

Interventions

Work-related homicides are part of the larger public health issue of the epidemic of violence. OSHA (Occupational Safety and Health Administration) has published guidelines for health-care and social service workers in an attempt to prevent violent events in these settings. Also, *Guidelines for Workplace Violence Prevention Programs for Night Retail Establishments* have been drafted. (Visit their Web site - see page 11 for details or page 10 for ordering information.)

In June 1996, the National Institute for Occupational Safety and Health (NIOSH) issued Current Intelligence Bulletin 57 on *Violence in the Workplace - Risk Factors and Prevention Strategies*. Examples of risk factors include:

- Contact with the public
- Delivery of passengers, goods, or services
- Working alone or in small numbers
- Guarding valuable property or possessions
- Working in community-based settings.

Prevention strategies included:

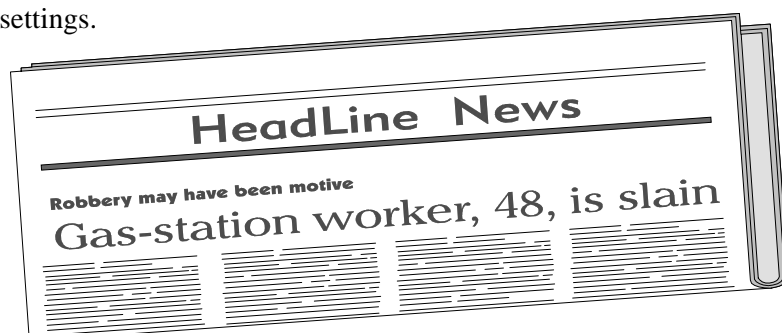
Environmental Designs: cash handling policies in retail establishments, physical separation of workers from customers, visibility and lighting, access and egress, security devices, and personal protective equipment.

Administrative Controls: staffing plans and work practices, policies and procedures for assessing and handling threats.

Behavioral Strategies: training in conflict resolution, recognition of hazards, use of protective equipment, and adherence to administrative controls.

New Jersey's epidemic of workplace homicide is similar to the national epidemic, with workers in retail establishments being at highest risk. Prevention strategies discussed in a variety of recent publications are often simple and of relatively low cost.

For more information on New Jersey occupational homicide data, call Emily O'Hagan Smith at (609) 984-1863. [SU](#)



Occupational Health Surveillance Update

A newsletter of the Occupational Disease Epidemiology and Surveillance Program, Occupational Disease and Injury Services, Division of Environmental and Occupational Health, New Jersey Department of Health and Senior Services.

Len Fishman

Commissioner

Elin A. Gursky, Sc.D.

Senior Assistant Commissioner

James S. Blumenstock

Assistant Commissioner

Kathleen O'Leary

Director



Surveillance Program

Martha Stanbury

Program Manager

Helga Fontus

Editor

Patrick Bost

Angela Derry

Maritsa Figueroa

Barbara Gerwel

David Martin

Marion Pearson

Rukmani Ramaprasad

Noreen Rooks

Donald Schill

Eileen Senn

Devendra Singh

Emily O'Hagan Smith

David Valiante



Joseph E. Rizzo

Layout & Graphic Design

Kathie Kirkpatrick

Graphic Consultant

If you would like to be added to or removed from the mailing list, please mail or fax your name and address to: Surveillance UPDATE, Attn: H. Fontus, ODIS, NJ Dept. of Health and Senior Services, PO Box 360, Trenton, NJ 08625-0360, or call Helga Fontus at (609) 984-1863. Fax (609) 292-5677.

Lead Hazards in Building Renovations

New Jersey was one of the first states to require certification and training for companies and workers involved in the removal of lead paint. These requirements are in place to ensure that lead abatement work is carried out safely by licensed companies and trained workers. However, construction projects not specifically defined as “lead abatement” do not fall under these requirements. Renovation and maintenance of existing structures, which often involve the removal of old, lead-based paint, can result in hazardous lead exposure to the workers and contamination of the surrounding environment.

Recently, Occupational Disease and Injury Services (ODIS) became

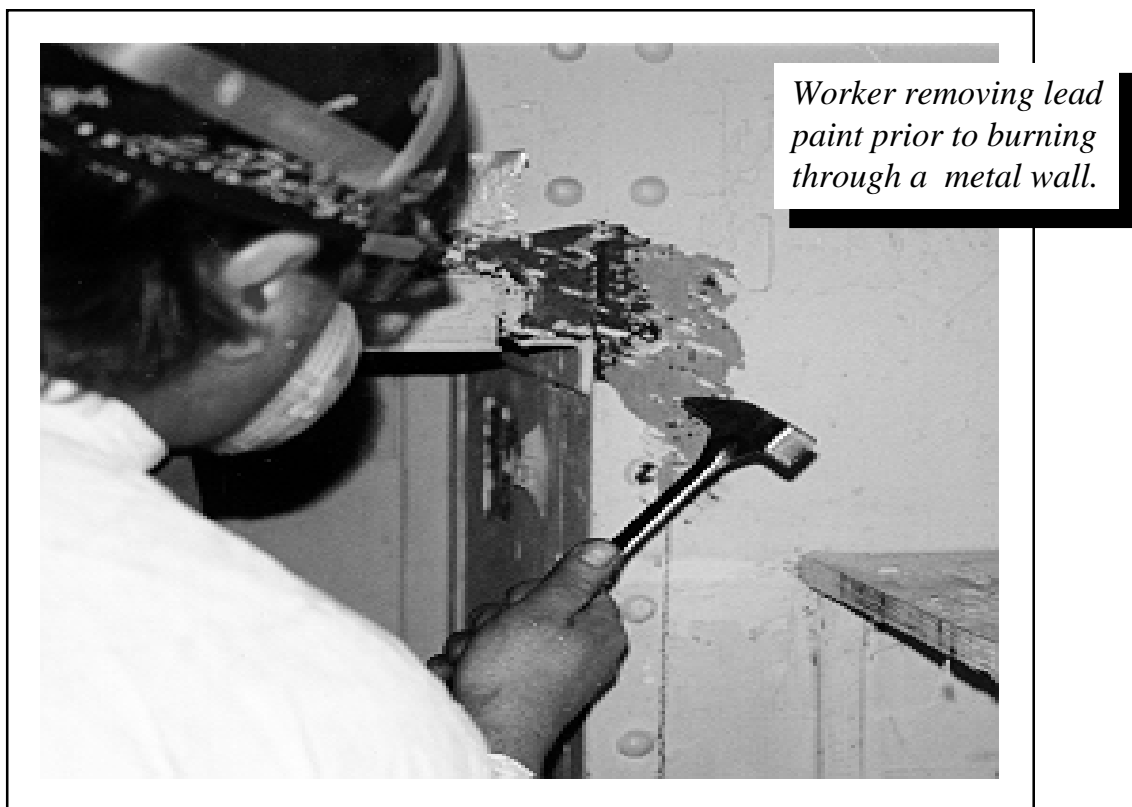
involved in three construction renovation projects which involved the removal of existing paint. Site contamination and worker exposure to lead occurred at two of these construction sites and resulted in costly cleanup and abatement activities. At the third site, workers and the residents who were living in the building undergoing the renovation work were fortunate that the disturbed paint did not contain lead.

State Facility

In December 1996, ODIS was contacted by a New Jersey state government agency and asked to investigate a possible lead exposure and contamination problem at a

facility located in New Jersey. Employees located in the building had complained about the possibility of exposure after observing some of the construction workers in personal protective clothing and equipment. The renovation project required that workers cut, burn, and weld steel coated with lead containing paint.

A walkthrough of the work area found serious deficiencies in appropriate work practices and non-compliance with many of the requirements of the Occupational Safety and Health Administration (OSHA) Lead Standard. Wipe sampling conducted by ODIS found surface contamination throughout the work area and surrounding



A key component of lead exposure prevention is information on the presence of and the potential for disturbing lead paint.

locations. The project was delayed while a cleanup was implemented to remove the lead contamination. Contractors involved in the project were required to comply with the OSHA lead standard, which included implementing engineering controls to reduce exposure to lead dust and fume, medical monitoring of employees, strict housekeeping procedures, hygiene facilities, and worker training.

Federal Facility

ODIS provided consultation to a local health department which had received a complaint about a possible lead exposure hazard at a federal facility. The facility had hired a contractor to install a new floor in a large vehicle maintenance building. The existing floor's paint

was removed by the contractor using an abrasive method which resulted in dust contaminating the entire building. An alert union steward had the dust tested and identified as containing lead. The entire facility had been contaminated with lead and a costly lead abatement cleanup was undertaken. ODIS industrial hygienists advised the employer on the use of a certified lead abatement contractor for cleanup and an occupational health physician for medical screening of employees.

Condominium Complex

In October 1996, a county health department contacted ODIS about a multi-million dollar construction renovation project in southern New Jersey. Work activities at this site included the removal of old paint on exterior areas of a high rise building which houses condominium units. The local health department was alerted to this potential lead exposure hazard after received a complaint that dust from an abrasive blasting operation had entered an occupied unit through an open window. The immediate concern was the possibility that the removed paint contained lead and would result in exposure to the family currently living in this unit. A site visit was conducted to observe the work being performed and to discuss the situation with the owners of the facility. The owners were instructed to conduct representative bulk sampling of the paint being removed and wipe sampling of the dust contaminated surfaces inside the occupied unit. Fortunately, the bulk sample results found minimal amounts of lead in the paint on the

outside of the buildings and negative results for lead on the wipe samples taken from inside the condominium.

Efforts to prevent both childhood and adult lead poisoning have gained momentum as blood lead levels once considered safe have been called into question. A key component of lead exposure prevention is information on the presence of and the potential for disturbing lead paint. Building owners and those responsible for bidding contract work must insure that any work performed on their buildings or other structures be thoroughly evaluated for the presence of lead paint. If identified as lead paint and the potential exists for disturbing this paint, proper abatement methods must be implemented using certified lead abatement companies with properly trained workers. The actual construction work can then proceed without danger of lead contamination and exposure. Failure to take these steps could result in expensive cleanup, project delays and most importantly, lead poisoning of people.

Recently, the New Jersey Department of Community Affairs (DCA) also adapted rules establishing work practice standards for lead abatement on steel structures and in commercial buildings (N.J.A.C. 5:17-11.1). For further information about contractor certification licensing, contact DCA at (609) 530-8812. For information regarding permit status and training for the lead abatement industry, contact the New Jersey Department of Health and Senior Services, Lead and Asbestos Program at (609) 984-2193 or visit their web site (see page 11 for details).[SU](#)

Lead Resources for Building Owners and Contractors

Contractor Certification Licensing:

Call the New Jersey Department of Community Affairs, Lead Program, at (609) 530-8812.

Permit Status and Training for Lead Abatement Industry:

Call the New Jersey Department of Health and Senior Services, Lead and Asbestos Program, at (609) 984-2193 or visit their web site (see page 11 for details).

Prompt and complete clean-up of spilled
mercury has been found to be a key
industrial hygiene recommendation.

environmental overexposure to mercury. Reporting in New Jersey began in late 1985. Through June 1997, Occupational Disease and Injury Services (ODIS) has received 857 reports on 468 individuals with mercury toxicity. Of the 411 for which exposure source was identified, 349 were exposed to mercury at work and 62 individuals were exposed environmentally. The occupational reports include 491 urine levels with a mean of 74.8 µg/L and 164 blood levels with a mean of 8.7 µg/dL. The non-occupational reports include 41 urine levels with a mean of 147.1 µg/L and 69 blood levels with a mean of 11.9 µg/dL.

Interventions

Intervention efforts have been developed around the classic occupational surveillance intervention model, where the report of the worker with mercury intoxication leads to interventions in the workplace to reduce mercury exposure. Integral to these efforts has been

staff expertise in evaluating and controlling mercury exposure and the development of a variety of educational materials (see page 10 for ordering information and page 11 for details on web sites). Consultations have also been provided for some situations that have involved both environmental and occupational mercury exposure. Examples of interventions follow.

*Workers with Elevated Blood or
Urine Mercury Levels*

Thirty-five mercury-using workplaces in eleven industries have been identified through our disease surveillance reporting system. An additional 27 work-places were identified by hazard surveillance. Industrial hygienists have conducted evaluations at sixteen of these workplaces, including four glassware manufacturers, a thermometer company, and a manufacturer of fluorescent bulbs. All evaluations were followed by written reports with recommendations. Prompt and complete clean-up of spilled mercury has been found to

be a key industrial hygiene recommendation.

Scientific Glassware Manufacturing

Our surveillance system has received 125 reports of elevated mercury levels on 42 individuals who were exposed to mercury during calibration of scientific glassware at six New Jersey companies in Cumberland County. Individuals reported since 1994 have been interviewed and provided with *Your Mercury Exposure*, an educational pamphlet developed for workers.

Department industrial hygienists conducted evaluations at four of these plants and found that, although the employers were aware of the hazards of mercury, the controls necessary to eliminate mercury toxicity were often not in place. One employer was referred to the Occupational Safety and Health Administration (OSHA) for an enforcement inspection because of our concerns about persistent mercury overexposure.

In September 1996, representatives of these six companies were invited to an educational meeting at the Cumberland County Health Department. Two nurses from a nearby medical facility that performs mercury biological monitoring for workers from some of the companies also attended.

Training and education on mercury was provided. ODIS industrial hygienists conducted demonstrations of respirators, passive mercury dosimeters, wipe sample collection, mercury spill clean-up aids, and a

Mercury Reports Received by ODIS
January 1986 through June 1997

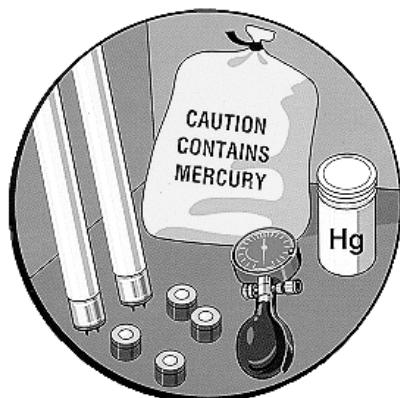
Exposure Source	Number of Urine Reports	Mean of Urine Reports ug/L	Number of Blood Reports	Mean of Blood Reports ug/dL	Total Number of Reports	Total Number of Unique Individuals
Occupational	491	74.8	164	8.7	655	349
Non-occupational	41	147.1	69	11.9	110	62
Unknown	48	55.5	44	7	92	57
TOTAL	580	78.5	277	9.2	857	468

mercury vapor meter. *Your Mercury Exposure* was distributed and recommended for hazard communication worker training. The contents of another ODIS publication, *Controlling Metallic Mercury Exposure in the Workplace - A Guide for Employers*, were reviewed. OSHA publications were also distributed.

The employers' representatives and nurses engaged in an open discussion with each other and with ODIS staff. The participants indicated on the evaluation forms that the meeting had been helpful.

Contamination in an Industrial Building Converted to Condominiums

Public health officials closed a condominium complex in Hoboken, New Jersey, after finding elevated levels of airborne mercury vapor and excessive mercury concentrations in residents' urine specimens. The building, which had housed a mercury vapor lamp factory from the 1930's to 1950's, had been converted to condominiums and art studios in the early 1990's.



Graphic courtesy of The Case Against Mercury; Rx for Pollution Prevention, copyright 1997, Terrene Institute, Alexandria, VA.

REMINDER

Physicians are required by law to report certain occupational diseases and injuries.

For more information on reporting requirements or to obtain a copy of the *Occupational Disease and Injury Report for Physicians* form, call
Occupational Disease and Injury Services at

1-800-772-0062

Extensive efforts were undertaken by federal and state officials to evaluate the health hazards to current residents. (*Morbidity and Mortality Weekly Report*, May 24, 1996). ODIS followed up on workers who had been potentially exposed during the conversion of the building to condominiums or who had worked in the building at some time. In response to advertisements and by word of mouth, 20 of these workers contacted ODIS. Each was interviewed, given information about potential health effects of mercury exposure, and was offered a free mercury urine test. The mercury urine levels of the six individuals who submitted specimens were normal. Building tenants have been relocated by the U.S. Environmental Protection Agency (EPA) which has decided to demolish the building.

Residential Spill Clean-up

The need for information on mercury spill clean-up in the home was recognized after ODIS was contacted about several residential spill incidents. After consulting with other health departments and poison control centers, it became evident that no suitable clean-up

information was available, leading to the production of the *Guidelines for the Safe Clean-up of Mercury Spilled in the Home* information bulletin. These guidelines follow many of the same principles as guidelines for spill clean-up in the workplace that are in *Controlling Metallic Mercury Exposure in the Workplace - A Guide for Employers*.

The home spill clean-up guidelines were distributed through the American Association of Poison Control Centers to their 85 centers in the United States and other key agencies, and to 115 local health departments in New Jersey as well as 45 health officers in other states. In one incident following publication of this bulletin, ODIS staff provided consultation to a local health department and a utility company during clean-up of a mercury spill in a home that occurred when the utility company was removing an old gas regulator that contained mercury.

For more information, contact Eileen Senn at 609-984-1863. [SU]

LATEX ASTHMA

Continued from page 1

Case # 1 _____

A dentist was reported with occupational asthma due to exposure to latex gloves and/or the talc released from the gloves during their use. Symptoms resolved when the dentist began to use a brand of glove made of vinyl. Experts believe that the antigenic protein in latex attaches to the talc and then becomes aerosolized and inhaled by the individual.

Case # 2 _____

A 57 year old factory worker was reported with work-related asthma three weeks after beginning work with a latex products manufacturer. Symptoms of asthma were attributed to exposure to talc during quality control testing of latex condoms. She eventually changed to a job where she inspected a latex product without exposure to talc and work-related symptoms were eliminated. Co-worker interviews did not reveal other workers with asthma symptoms.

Case # 3 _____

A 37 year old nurse's aide developed dermatitis and hives after working four years full-time in a nursing home. Her job required that she wore latex gloves almost continually. Respiratory symptoms progressively worsened, and improved only when she stopped working as a nurse's aide and no longer wore latex gloves. She subsequently suffered asthma attacks when exposed to balloons, cigarette smoke, and certain types of carpeting.

Case # 4 _____

A 40 year old nurse began to experience immediate and delayed

Some Solutions for Controlling Occupational Latex Allergy

■ **Product substitution:**

- powder-free gloves
- latex gloves specially manufactured to reduce the allergenic latex protein content
- latex-free gloves such as those made of synthetic rubber, nitrile, styrene-butadiene polymer, or vinyl

■ **Labeling of latex-containing products**

■ **Improved ventilation in areas where latex products are manufactured or used routinely**

symptoms of asthma after working for four years in the neonatal intensive care unit of a hospital. She specifically associated these symptoms with the almost constant use of latex gloves at work. She has had to quit her job and now experiences asthma attacks when exposed to latex products (e.g., balloons, carpet padding) in the general environment.

Case # 5 _____

Renovations at an hospital triggered respiratory symptoms in a 41 year old emergency room nurse. She had worked in the hospital for six years. Thereafter, exposure to latex gloves, cleaning agents, and hair spray at work have resulted in

persistent respiratory symptoms. She has since quit working as a nurse.

Case # 6 _____

A 38 year old registered nurse developed contact dermatitis and symptoms of asthma which she associated with her exposure to latex gloves at work. She had worked for ten years in hospitals performing general patient care duties. Environmental stimulants included new tires and newly installed carpeting such as in retail stores. She now avoids the use of latex gloves, using vinyl or other substitute materials instead. However, she still experiences symptoms when others wear latex products in her presence.

Case # 7 _____

A 38 year old nurse worked three years in the cardiac care unit, then eleven years in the post-anesthesia care unit of the same hospital. She developed symptoms of dermatitis and asthma which she attributed to the use of latex gloves. She continues to be exposed to latex at work, and symptoms persist.

Case # 8 _____

A 49 year old nurse who worked in the newborn nursery unit of a hospital was reported with dermatitis and asthma because of exposure to latex gloves. (Further information on this case is pending receipt of medical records and patient interview.)

These case reports illustrate the importance of exposure reduction or elimination in the prevention and management of latex allergy in workers with ongoing exposure

EXAMPLES OF PRODUCTS THAT MAY CONTAIN LATEX

Emergency Equipment

Blood pressure cuffs
Stethoscopes
Disposable gloves
Oral and nasal airways
Tourniquets
Intravenous tubing
Syringes
Endotracheal tubes
Electrode pads



Personal Protective Equipment

Gloves
Surgical masks
Goggles
Respirators
Rubber aprons

Office Supplies

Rubber bands
Erasers

Hospital Supplies

Anesthesia masks
Catheters
Wound drains
Injection ports
Rubber tops of
multidose vials
Dental dams



Household Objects

Automobile tires
Motorcycle and
bicycle handgrips
Carpeting
Swimming goggles
Racquet handles
Shoe soles
Expandable fabrics
(waistbands)
Dishwashing gloves
Hot water bottles
Condoms
Diaphragms
Balloons

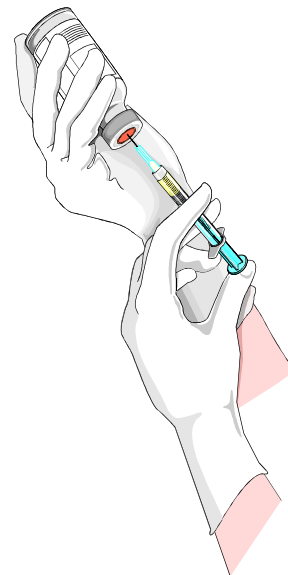


to latex-containing products. Individuals with latex-related occupational asthma may have permanent respiratory disability, even after exposure is discontinued. For most of the cases described above, this disability occurred at an early stage in their professional career including three nurses who were forced to seek other occupations. Furthermore, the quality of life of some of these individuals is severely affected because of the pervasiveness of latex in our environment. Educational materials have been sent to all the reported cases and also to directors of employee health departments of the hospitals.

Workers who are not exposed to infectious materials should be provided with latex-free gloves such as those made of synthetic rubber, nitrile, styrene-butadiene polymer, or vinyl. If latex gloves are chosen as barrier protection from infectious materials, workers should be provided with powder-free gloves or latex gloves which are specially manufactured to reduce the allergenic latex protein content. Other control methods include labeling of latex-containing products and improved ventilation in areas where latex products are used or manufactured. In June 1997, a NIOSH Alert was issued on ***Preventing Allergic Reactions to Natural Rubber Latex in the Workplace*** - Publication No. 97-135. This publication contains recommendations for minimizing latex-related health problems in workers while protecting them from infectious materials.

There are undoubtedly many more cases of latex asthma than have been reported to the Department's occupational asthma surveillance system. We encourage physicians

to report all cases of suspected occupational asthma to us. Call 1 - 800 - 772 - 0062. **Don Schill, CIH**, from the Occupational Asthma Project, will provide educational materials and product information to patients, employers, and physicians on request. **SU**



News Release

The Food and Drug Administration (FDA) announced on September 30, 1997 that all medical products containing latex will be required to carry a warning label. The FDA took this action after receiving more than 1,700 reports of severe allergic reactions over the last decade, including 16 deaths, related to medical devices containing latex. Manufacturers have one year to begin labeling such devices with the statement: **"CAUTION: THIS PRODUCT CONTAINS NATURAL RUBBER LATEX WHICH MAY CAUSE ALLERGIC REACTIONS."**

How to obtain *PUBLICATIONS* referenced in this issue

Mercury

- ☐ *Controlling Metallic Mercury Exposure in the Workplace – A Guide for Employers*
- ☐ *Guidelines for the Safe Clean-up of Mercury Spilled in the Home*
- ☐ *Your Mercury Exposure*

Call Occupational Disease and Injury Services at (609) 984-1863 or fax your request to (609) 292-5677

Latex Allergy

- ☐ NIOSH Alert: *Preventing Allergic Reactions to Natural Rubber Latex in the Workplace*
DHHS (NIOSH) Publication No. 97-135

Publications Dissemination, EID
NIOSH
4676 Columbia Parkway
Cincinnati OH 45226-1998

Telephone: 1-800-356-4674
Fax: (513) 533-8573

Workplace Violence

- ☐ *Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers*
OSHA 3148 (GPO Order # 02901600172-7)

Superintendent of Documents
PO Box 371954
Pittsburgh PA 15250-7954

Telephone: (202) 512-1800
Fax: (202) 512-2250

- ☐ NIOSH Current Intelligence Bulletin 57: *Violence in the Workplace - Risk Factors and Prevention Strategies*
DHSS (NIOSH) Publication No. 96-100

See address under **Latex Allergy**, above



New Jersey

Department of Health and Senior Services

www.state.nj.us/health

and other Web sites to obtain more information on featured topics

The
Occupational Disease Epidemiology
and Surveillance [ODES] Program
Home Page

www.state.nj.us.health/eoh/survweb/survhome.htm

...describes ODES surveillance activities for:

Heavy metals
Silicosis
Occupational asthma
Other occupational lung diseases
Fatal occupational injuries

... summarizes occupational disease reporting requirements:

Hospitals
Laboratories
Physicians

... lists our publications (some are available online):

Educational materials
FACE* investigations reports
FACE Facts and Hazard Alerts
ODES Program publications in scientific journals
ODES Program special reports

... and provides links to other sites within the Department.

For more information on our Home Page and publications that are available online, please call Janet Varan at (609) 984-1863.

* FACE (Fatality Assessment and Control Evaluation)

Other Web Sites of Interest
on TOPICS FEATURED in this Issue

MERCURY

Your Mercury Exposure (see **ODES home page** under Publications)

A Warning About Continued Patterns of Metallic Mercury Exposure, ATSDR National Alert, June 1997
atsdr1.atsdr.cdc.gov:8080/alerts/970626.html

Mercury Use Reduction and Waste Prevention in Medical Facilities, EPA Region 5, July 1997
www.epa.gov.grtlakes/seahome/mercury/src/title.htm

LATEX ALLERGY

NIOSH Home Page
www.cdc.gov/niosh/homepage.html
also
www.latexallergyhelp.com

WORKPLACE VIOLENCE

OSHA Home Page
www.osha.gov
or go directly to
www.osha-slc.gov

LEAD ABATEMENT

Permit Status and Training: Lead and Asbestos Program
New Jersey Department of Health & Senior Services
www.state.nj.us/health/eoh/leadasb/l&a_home.htm

Occupational Illness and Injury Reporting to NJ Department of Health & Senior Services										
Condition	Number of New Cases Reported									
	From beginning of reporting through 1988	1989	1990	1991	1992	1993	1994	1995	1996	Cumulative Total
Fatal injuries ¹	756	136	101	112	138	145	114	118	99	1,719
Occupational asthma ²	32	46	65	66	47	70	41	57	39	463
Silicosis ³	691	53	66	74	46	46	26	25	15	1,042
Other pneumoconioses ⁴	1,883	801	760	609	676	624	474	655	611	7,093
Acute lung conditions ⁴	271	154	115	76	65	75	57	68	82	963
Chemical poisonings ⁴	894	257	248	293	217	207	141	216	150	2,623
Elevated blood lead levels ⁵	2,138	539	541	318	286	416	308	225	244	5,015
Elevated blood and urine mercury levels ⁵	200	17	78	55	24	17	24	23	34	472
Elevated blood and urine cadmium levels ⁵	46	37	144	17	2	16	14	30	17	323
¹ Data sources: death certificates, medical examiners' reports, OSHA, workers' compensation reports, FARs, news clippings. Reporting began in 1993. ² Data sources: physicians, hospital reports. Reporting began in 1988. ³ Data sources: hospital reports, physician reports, death certificates. Reporting began in 1979. Incomplete reporting from hospitals in 1993 and 1994. ⁴ Data source: hospital reports. Reporting began in 1985. ⁵ Data source: physicians, laboratory reports. Reporting began in 1985.										

New Jersey Department of Health & Senior Services

Occupational Disease & Injury Services

P. O. Box 360

Trenton NJ 08625-0360

Phone: 609-984-1863

Fax: 609-292-5677